

## PSYCHO SOCIAL ANALYSIS OF LIFE SATISFACTION TOWARDS LIFE ATTITUDE OF SENIOR CITIZENS IN JAIPUR

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### ABSTRACT

Family caregiving for older adult is a vital concern in the contemporary society. The traditional Indian extended and joint family system has undergone changes due to factors such as mobility from rural to urban centres and transnational flow. This has increased the number of old age homes in our country. The stay in institution has changed the life of the old age population. Those who are frail and in need of emotional and social support, receive less care, and those who are more active and physically strong, are less available to provide support for old family members. The present study made an attempt to understand the attitude of senior citizen towards life who are staying in the institution and home-based context. The data was collected from Jaipur and N=255 senior citizen were part of the study. The study came out with the result that senior citizen staying with the family ( $166.37 \pm 27.83$ ) portrayed a positive attitude towards life than the institution-based senior citizen ( $115.11 \pm 32.59$ ).

**KEY WORDS:** Senior citizen, Attitude towards life, home-based and institution-based

### Introduction

India is facing all the problems endemic to a developing country with an aging population in the absence of parallel developments in socio economic, quality of life and health spheres. Pre-industrial societies depended on the cumulative wisdom of older persons for survival and coping with untamed environment. Technological and social changes have altered both, the life situations as well as interpersonal relationships. In pre-industrial society, for those senior citizen people without property, growing old could be a desperate and humiliating experience. It is seen that people in later life become more oriented towards income, it is seen in later life are relinquished.

Another important social issue concerning elders and geriatric care in India is the changing family structure in the contemporary society. A rapid migration to urban areas or urbanization in recent 1 times has led to breakdown of the joint family structure and emergence of the nuclear family. With no social security structure in place and with inadequate facilities in health care, rehabilitation and recreation, the Indian elder is staring at a bleak present and future. The basic social structure in India has historically been the 'joint family, where extended family, including brothers with their spouses and children stay under one roof. This family structure has 2 been the socio-economic backbone of the average Indian. In times of disease or emergency, members of the family have pooled in resources to help each other out. The family has also looked after its elders in their old age by giving them socio-economic and emotional support. It is believed that since the elders raise children, it is the duty of the children to support and take care of them in their time of need. The elder is looked up to for counsel and advice and is respected accordingly. As a result, the idea of an elder going to an old age home/ nursing home for is traditionally considered 3 'sacrilegious'. However, this common family structure is changing at a rapid pace. With an increase in mobility from rural areas to urban areas in recent times, the 'joint family' is breaking down into 15 several scattered nuclear families. This breakdown of the social

'backbone' has a significant effect on the finances of the family as well. There are other issues with influence elder care. With an entire generation of females working, the traditional concept of the 'housewife' caring for the house and the adult has changed significantly. A large number of couples now opt to have kids late into their marriage or not to have them at all, citing professional commitments. Absence of grandchildren, with the presence of a working son and spouse perhaps deprive them of an emotional support that was taken for granted just a couple of decades ago. It only gets worse for the elder whose spouse has passed away.

Social and psychological factors play a major role in determining the health status of the Indian senior citizen. They influence not only the physical health, but also largely, his mental health. In spite of strong family bonds and cultural practices that revere the aged, depression still ranks as the most prevalent psychiatric illness of the aged. The present research has done the comparison of senior citizen from both the context and how they differently they experience the diverse issues is given greater emphasis. In the era of technological advancement how can the problems be mitigated and the scope of geriatric social work which has not been a part of geriatric care in India so far has also given due importance. This study also aims to clarify the interrelation between activity, quality of life and life satisfaction because recent researches give lowest priority to measures of activity and well-being of older persons. Happiness and satisfaction originate from involvement and the older person's ability to adjust to changing life events.

### **Objectives**

- ❖ To examine the attitude of senior citizen towards life in the institutional and home-based context.
- ❖ To understand, if any difference in the attitude of male and female senior citizen towards life.

### **Hypothesis**

H1- Home-based Senior citizen have an optimistic attitude towards life than the institution-based senior citizen.

### **Definition**

#### ***Attitude towards Life***

Attitude towards life consists of six derived dimensions: *purpose, coherence, choice, death acceptance, existential vacuum, and goal seeking*. Purpose refers to having life goals and a sense of direction from the past, in the present, and toward the future. Coherence refers to having a sense of order, a reason for existence, and a clear sense of personal identity. Choice refers to the degree to which a person perceives to have personal agency in directing his or her life. Death acceptance refers to the absence of fear and anxiety about death and the acceptance of death as a natural aspect of life. Existential vacuum refers to an absence of meaning in life, boredom, apathy, or feelings of indifference. Goal seeking concerns the desire to get away from the routine of life and to search for new experiences and challenges and an eagerness to get more out of life.

### **Tool of Data Collection**

#### **Attitude towards Life (LAP-R; Reker, 1992)**

Attitude towards life was measured by the Life Attitude Profile Revised (LAP-R; Reker, 1992), a 48-item, 7-point Likert-type scale consisting of six factorially derived dimensions: purpose, coherence, choice/responsibility, death acceptance, existential vacuum, and goal seeking. Scores on each dimension can range from 8 to 56; a high total score reflects a high degree of the attribute being measured.

### **Sample**

The sample consists of 255 senior citizens from Jaipur district of Rajasthan, India. Of these, 125 subjects were staying in old age homes, while the remaining 130 senior citizen people

were staying in their own homes. The institutionalized senior citizen people were chosen from four homes for the senior citizen in the Jaipur district. The age range of the respondents was 60 to 90 years. The table given below provides a break-up of the final sample. The researcher administered purposive sampling technique.

**Result and Discussion**

**Table No:1 Cross Tabulation of Place of Stay and Gender of senior citizen**

Cross tabulation Residence * Gender		Gender		Total
		Male	Female	
Residence	Institution	62	63	125
	Home-based	69	61	130
Total		131	124	255

Being a comparative study, the distribution of the sample is very significant. Table No: 1 tried to depict the gender wise distribution of the respondents. It can be seen that out of the total respondents (N=255), (N=125) were staying in the institution (Males=62 & Females=63) and 130 were residing with the family (Males=69 & Females=61).

**Table No:1 (a) Mean and Standard Deviation Life Attitude profile \* Residence**

Residence		LAP	Coherence	Existential Vacuum	Choice and Responsibilities	Death acceptance	Goal seeking	Purpose
Institution (N=125)	M	115.11	17.20	14.3520	21.1680	27.3120	19.4080	16.5680
	SD	32.539	8.978	7.33667	9.31937	7.42752	5.30231	5.91245
Home-based (N=130)	M	166.37	29.67	24.3154	28.7231	27.4692	26.7692	29.4923
	SD	27.838	7.207	6.72383	8.59332	6.74587	6.50288	7.22533
Total (N=255)	M	141.24	23.56	19.4314	25.0196	27.3922	23.1608	23.1569
	SD	39.621	10.23	8.61068	9.70691	7.07463	6.98548	9.24592

**Table No:2 (b) One Way Anova - Attitude towards Life \* Place of stay of Senior citizen**

		Sum of Squares	df	Mean Square	F	Sig.
Cohesion-LAP	Between Groups	9907.660	1	9907.660	150.125	.000
	Within Groups	16697.023	253	65.996		
	Total	26604.682	254			
Life Attitude profile	Between Groups	167476.473	1	167476.473	183.220	.000
	Within Groups	231260.963	253	914.075		
	Total	398737.435	254			
Existential Vaccum-LAP	Between Groups	6325.968	1	6325.968	127.970	.000
	Within Groups	12506.581	253	49.433		
	Total	18832.549	254			
Choice and Responsibilities-LAP	Between Groups	3637.399	1	3637.399	45.343	.000
	Within Groups	20295.503	253	80.219		
	Total	23932.902	254			

Death Acceptance-LAP	Between Groups	1.575	1	1.575	.031	.860
	Within Groups	12711.209	253	50.242		
	Total	12712.784	254			
Goal seeking-LAP	Between Groups	3453.139	1	3453.139	97.709	.000
	Within Groups	8941.269	253	35.341		
	Total	12394.408	254			
Purpose-LAP	Between Groups	10644.561	1	10644.561	243.295	.000
	Within Groups	11069.164	253	43.752		
	Total	21713.725	254			

Attitude towards life during old age in the context of institution and home-based is another area the researcher tried to examine. One-way Anova was also run to find the significant variance exists between institutionalized and home-based in terms of the attitude of senior citizen towards life and its various determinants as used in the present research. The F-values of various contributing showed a significant variation.

The overall score of attitude towards life of both the settings revealed that home based senior citizen ( $166.37 \pm 27.83$ ) have more positive attitude towards life than the senior citizen in the old age homes ( $115.11 \pm 32.59$ ). The F-value showed a statistical significance [ $F(1,253=183.22, p=.000, p<.05]$ . The reasons behind the positive feelings could be due to presence of family members, adequate social network, lack of emptiness in life and the stake in decision. For the home-based senior citizen as compared to the institutionalized life seems to be more purposeful and prone to optimism and hope.

The mean score of home-based senior citizen ( $17.20 \pm 8.978$ ) was found to be significantly higher than the institutionalized ( $29.67 \pm 14.35$ ) senior citizen on Coherence. One way ANOVA result also showed a significant difference [ $F(1,253=150.12, p=.000, p<.05]$ . The finding implies that the coherence is the resource of the self for the home-based in the face of positive attitudes towards life. Coherence refers to having a sense and reason for existence and a clear sense of persona/ identity.

No significant difference was observed between the mean score on death acceptance of Institutionalized senior citizen ( $27.31 \pm 7.42$ ) and home-based senior citizen ( $27.46 \pm 6.74$ ). Death acceptance refers to the absence of anxiety about death and the acceptance of death as a natural aspect of life. The reason for no variation could be readiness to accept death in a peaceful way. They believe that they have done with their responsibilities by performing various roles in the society.

Existential vacuum refers to an absence of meaning in life, boredom, apathy, or feelings of indifference in the life. As a result of institutionalization, the senior citizen residing in old age homes are not able to find meaning in their life. The mean score reveals that home-based senior citizen ( $24.31 \pm 6.72$ ) have less existential vacuum in their life than their counterparts in the institution ( $14.3520 \pm 7.33$ ). The analysis of variance substantiate the mean score [ $F(1,253=127.97, p=.000, p<.05]$ .

The home based senior citizen ( $26.76 \pm 6.50$ ) compared to the institutionalized senior citizen ( $19.40 \pm 5.30$ ) expressed a higher tendency of goal seeking. The one-way ANOVA score also support the result showing a good statistical significance [ $F(1,253=97.709, p=.000, p<.05]$ .

Attaining goals and in attempting and in attempting to govern life chart a personal course of direction for finding the meaning of life. The emptiness of life of the institutionalized lies rooted in failure to find meaning in life and goal seeking behavior. For the senior citizen who are in old age home if the challenge of life is not necessarily met, then life becomes goalless or with nothingness. In other words, anxiety or frustration over a lack of purpose may easily mask goal seeking. Striving towards goal thus continues to be responsible for behavior and opens up to experiences through choices. Goal seeking concerns the desire to get away from the routine of life and to search for new experiences and challenges and an eagerness to get more out of life.

The study reveals, being with the family senior citizen from home based ( $29.49 \pm 7.22$ ) background have better purpose in life than the institutionalized senior citizen ( $16.56 \pm 5.91$ ). A significant difference is found between the two groups in terms of goal seeking [ $F(1,253)=243.29, p=.000, p<.05$ ].

For the senior citizen in the institution their work is mundane in nature due to the nature of the organization. The social network of the senior citizen in the institution is limited. Choice/responsibility refers to the degree to which a person perceives to have personal agency in directing his or her life. The study revealed that home based senior citizen ( $28.72 \pm 8.58$ ) were experiencing better choice and responsibilities than the institutionalized senior citizen ( $28.72 \pm 8.58$ ) which has displayed a significant variance [ $F(1,253)=45.34, p=.000, p<.05$ ].

**Table No: 3 Life Attitude profile \* Gender**

Gender	Life Attitude profile	Coherence-LAP	Existential Vacuum-LAP	Choice and Responsibilities-LAP	Death acceptance-LAP	Goal seeking-LAP	Purpose-LAP	
Male (N=131)	Mean	145.09	23.74	19.96	25.694	27.702	23.694	24.15
	SD	38.731	10.25	8.643	9.8065	6.1765	6.4699	9.182
Female (N=124)	Mean	137.185	23.37	18.87	24.306	27.064	22.596	22.10
	SD	40.2979	10.25	8.574	9.5884	7.9262	7.4767	9.233
Total (N=255)	Mean	141.247	23.56	19.43	25.019	27.392	23.160	23.15
	SD	39.6211	10.23	8.610	9.7069	7.0746	6.9854	9.245

The researcher also tried to delve into the variations of attitude towards life based on the gender. The mean score of life attitude profile of male senior citizen ( $145.09 \pm 38.73$ ) seemed to be better than the female senior citizen ( $137.185 \pm 40.29$ ). When the other sub variables of LAP such as coherence, choice and responsibility, purpose of life, death acceptance and goal seeking behavior were analyzed no significant variations observed as per the mean score.

Attitude towards life influence may aspects of our lives. It changes in different stages of the family cycle. There are a number of factors throughout the life course that are essential in maintaining positive attitudes towards life and for the wellbeing of the individual. As mentioned by Recker and Peacock (1981) Attitude towards life during old age is determined

by various factors. The result revealed that home based senior citizen has more positive attitude towards life than the senior citizen in the old age homes. The reasons behind the positive feelings could be due to presence of family members, adequate social network, lack of emptiness in life etc. For the home-based senior citizen as compared to the institutionalized life seems to be more purposeful, optimistic and full of hope. In the institution, their work is mundane in nature due to the environment of the organization. The social network of the senior citizen in the institution is limited. These factors may lead to a pessimistic attitude towards life among the institutionalized.

### **Testing of Hypothesis**

*H1- Home-based Senior citizen have an optimistic attitude towards life than the institution-based senior citizen.*

The overall score of attitude towards life (Table No:2 A&B) of both the settings revealed that home based senior citizen ( $166.37 \pm 27.83$ ) have more positive attitude towards life than the senior citizen in the old age homes ( $115.11 \pm 32.59$ ). The F-value showed a statistical significance [ $F(1,253) = 183.22, p = .000, p < .05$ ]. Hence the hypothesis is retained.

### **Suggestions**

- ❖ Social Scientist should take up more gerontological studies since dearth of gerontological studies creates lack of intervention and attention of authority.
- ❖ Field work practicum in the geriatric setting as well as homebased intervention and support groups for the senior citizen could assuage the pessimistic approach of senior citizen towards life.
- ❖ Gerontology should be made mandatory part in the social work curriculum.
- ❖ Geriatric care centres must be started and trained social workers must be appointed in care centres.
- ❖ Support programmes for preparation and coping with old age must be introduced.
- ❖ Support programmes for preparation for death bereavement must be given importance.
- ❖ Family and community awareness programmes about ageing and health issues must be emphasized.
- ❖ Senior citizen clubs could be formed to enhance the wellbeing of older persons through activities of their interest.

### **Conclusion**

The research serves the purpose of adding a drop of knowledge to the ocean of knowledge of gerontology. The research tried to provide an insightful thought for the present generation about the need of senior citizen population. All the ailments during old age could be vanquish, if they have positive attitude towards life with the support of family.

## References

1. Reker, G. T. (1992). *Manual of the Life Attitude Profile-Revised (LAP-R)*. Trent University, Peterborough, ON: Student Psychologists Press.
2. Recker, G. T. and Peacock, E. J. 1981. The Life Attitude Profile (LAP): A multi-dimensional instrument for assessing attitudes towards life.. *Canadian Journal of Behavioural Science*, 13: 264– 273.
3. Achamamba, B. (1987). "Social and emotional problems of men and women in joint and nuclear families". In K. Subha Rao and V. Prabhakar (Eds.), *Aging : A multifactorial Discussion*. Hyderabad : AGI publication
4. Agarwal S, Srivastava SK. (2002). Effect of living arrangement and gender differences on emotional states and self esteem of old aged persons. *Indian Journal of Gerontology*.; 16:312-320.
5. Havighurst, R.J. (1961). Successful aging. *The Gerontologist*, 1, 8-13.
6. Sheeba Joseph, 2016. " A comparative study on perceived loneliness among homebased and institution-based senior citizen. *International Journal of Current Research*, 8, (08), 37160-37162.